



**Building and Enforcement Services**

2345 Providence Boulevard

Deltona, FL 32725

(386) 878-8650, Fax (386) 878-8651

PERMIT NO.: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

*(Do NOT write in this box—for office use only!)*

**CITY OF DELTONA**  
**APPLICATION FOR TEMPORARY SIGN PERMIT**

ORDINANCE 04-2012

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**APPLICANT INFORMATION:**

Applicant name: \_\_\_\_\_

Applicant address: \_\_\_\_\_

City/state/zip: \_\_\_\_\_

Applicant phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**EVENT INFORMATION:**

1. Name or type of event: \_\_\_\_\_

2. Event location: \_\_\_\_\_

3. Date of Event: \_\_\_\_\_

4. Is organization sponsoring the event non-profit: ☐ No ☐ Yes

If yes, proof of exemption provided: ☐ No ☐ Yes

5. Please check the reason you are requesting a temporary sign:

Commercial Grand Opening (30 day limit) \_\_\_\_\_

Sales Event \_\_\_\_\_

Waiting for Permanent Sign Installation \_\_\_\_\_

Fair/Festival/Parade/Community Event \_\_\_\_\_

Other, Please explain \_\_\_\_\_

6. Is this special event sponsored by the City of Deltona? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Dates of Sign display: Posted \_\_\_\_\_ Removed \_\_\_\_\_

*Please note: Commercial temporary banners & temporary wall signs are limited to 32 SF and no more than 60 days in a calendar year.*

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## **SIGN INFORMATION:**

### **1. Please check the type of temporary sign requested:**

Sale Banner \_\_\_\_\_  
Temporary Wall Sign \_\_\_\_\_  
Free Standing Sign \_\_\_\_\_  
Directional Special Event Sign \_\_\_\_\_  
Grand Opening Sign or Banner \_\_\_\_\_

**2. Dimensions of sign(s):** \_\_\_\_\_ in/ft. X \_\_\_\_\_ in/ft.

**3. How many temporary signs are you installing?** # \_\_\_\_\_

**4. How will the sign(s) be installed, attached, or otherwise secured?** *Attach diagrams showing details when necessary.* \_\_\_\_\_

### **5. Location of Sign(s)**

**A. Directional Special Event Signs:** *Please list the location or addresses below.  
(attach a separate sheet if necessary)*

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Original application *MUST* be signed and submitted to Building and Enforcement Services Department.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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STATE OF FLORIDA, COUNTY OF, VOLUSIA

Affirmed and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
Who: (print name clearly)

☐ Is personally known to me *or*

☐ Has produced \_\_\_\_\_ (Type of ID Identification)

\_\_\_\_\_  
Signature of Notary Public State of Florida

(SEAL)

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

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**\*\*\*\*\*FOR OFFICIAL USE ONLY\*\*\*\*\***

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dale Baker, Acting City Manager**

☐ All fees apply

☐ Fees will be waived